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The JS44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form is required for the use of the Clerk of Court for the purpose of initiating the civil docket record. (SEE INSTRUCTIONS ATTACHED)

| I. (a) PLAINTIFF(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | DEFENDANT(S)                                                                             |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------|--|--|
| KEITH EDWARD KIRKLAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | COMMISSIONER OF SOCIAL SECURITY                                                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                          |  |  |
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| (b) COUNTY OF RESIDENCE OF FIRST LISTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | COUNTY OF RESIDENCE OF FIRST LISTED                                                      |  |  |
| PLAINTIFF Rockdale  (EXCEPT IN U.S. PLAINTIFF CASES)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | DEFENDANT(IN U.S. PLAINTIFF CASES ONLY)                                                  |  |  |
| (Excellent total Extra Charles)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND                  |  |  |
| (c) ATTORNEYS (FIRM NAME, ADDRESS, TELEPHONE NUMBER OF THE PROPERTY OF THE PRO | NED AND                  | ATTORNEYS (IF KNOWN)                                                                     |  |  |
| E-MAIL ADDRESS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                          |  |  |
| Ashish A. Agrawal, Esquire<br>Chermol & Fishman, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | Office of the General Counsel Office of Program Litigation                               |  |  |
| 11450 Bustleton Avenue, Philadelphia, PA 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 116-2809                 | Social Security Administration                                                           |  |  |
| (215) 464-7200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | 6401 Security Boulevard, Baltimore, MD 21235                                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                          |  |  |
| II. BASIS OF JURISDICTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | CITIZENSHIP OF PRINCIPAL PARTIES                                                         |  |  |
| (PLACE AN "X" IN ONE BOX ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (PLACE A                 | N "X" IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT) (FOR DIVERSITY CASES ONLY)     |  |  |
| I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PLF DEF                  | PLF DEF □ □                                                                              |  |  |
| LI U.S. GOVERNMENT 3 FEDERAL QUESTION (U.S. GOVERNMENT NOT A PARTY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | TIZEN OF THIS STATE 4 4 INCORPORATED OR PRINCIPAL PLACE OF BUSINESS IN THIS STATE        |  |  |
| 2 U.S. GOVERNMENT L4 DIVERSITY DEFENDANT (INDICATE CITIZENSHIP OF PARTIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | TIZEN OF ANOTHER STATE 5 5 INCORPORATED AND PRINCIPAL PLACE OF BUSINESS IN ANOTHER STATE |  |  |
| IN ITEM III)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | TIZEN OR SUBJECT OF A 6 FOREIGN NATION                                                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FC                       | REIGN COUNTRY                                                                            |  |  |
| IV. ORIGIN (PLACE AN "X "IN ONE BOX ONLY)  1 ORIGINAL PROCEEDING STATE COURT APPELLATE COURT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4 REINSTATED<br>REOPENED | OR 5 ANOTHER DISTRICT (Specify District) TRANSFER JUDGE TRANSFER JUDGENTATE JUDGE        |  |  |
| MULTIDISTRICT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                          |  |  |
| ■8 LITIGATION - DIRECT FILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                                          |  |  |
| V. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UN JURISDICTIONAL STATUTES UNLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NDER WHICH YOU           | ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE - DO NOT CITE                            |  |  |
| 42 U.S.C. §405(g) via 42 U.S.C §1383(c)(3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 33 DIVERSITT)            |                                                                                          |  |  |
| Improper denial of disability benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                          |  |  |
| (IF COMPLEX, CHECK REASON BELOW)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                          |  |  |
| 1. Unusually large number of parties.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6. Prob                  | lems locating or preserving evidence                                                     |  |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | ling parallel investigations or actions by government.                                   |  |  |
| 3. Factual issues are exceptionally complex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ☐ 8. Mult                | iple use of experts.                                                                     |  |  |
| 4. Greater than normal volume of evidence.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ☐ 9. Nee                 | d for discovery outside United States boundaries.                                        |  |  |
| 5. Extended discovery period is needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | tence of highly technical issues and proof.                                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ONTINUED (               | ON REVERSE                                                                               |  |  |
| FOR OFFICE USE ONLY RECEIPT # AMOUNT \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | APPLYING                 | G IFP MAG. JUDGE (IFP)                                                                   |  |  |
| JUDGE MAG. JUDGE (Refused)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | OF SUIT CAUSE OF ACTION                                                                  |  |  |

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## VI. NATURE OF SUIT (PLACE AN "X" IN ONE BOX ONLY)

| ONTRACT - "0" MONTHS DISCOVERY TRACK  150 RECOVERY OF OVERPAYMENT & ENFORCEMENT OF JUDGMENT 152 RECOVERY OF DEFAULTED STUDENT LOANS (Excl. Veterans) 153 RECOVERY OF OVERPAYMENT OF VETERAN'S BENEFITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CIVIL RIGHTS - "4" MONTHS DISCOVERY TRACK  440 OTHER CIVIL RIGHTS  441 VOTING  442 EMPLOYMENT  443 HOUSING/ ACCOMMODATIONS  445 AMERICANS with DISABILITIES - Employment  446 EMPLOTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SOCIAL SECURITY - "0" MONTHS DISCOVERY  TRACK  861 HIA (1395ff) 862 BLACK LUNG (923) 863 DIWC (405(g)) 863 DIWW (405(g)) 864 SSID TITLE XVI 865 BSI 4405(a))  |
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| DNTRACT - "4" MONTHS DISCOVERY TRACK    110 INSURANCE   120 MARINE   130 MILLER ACT   140 NEGOTIABLE INSTRUMENT   151 MEDICARE ACT   160 STOCKHOLDERS' SUITS   190 OTHER CONTRACT   195 CONTRACT PRODUCT LIABILITY   196 FRANCHISE   195 CONTRACT PRODUCT LIABILITY   196 FRANCHISE   192 FORECLOSURE   230 RENT LEASE & EJECTMENT   240 TORTS TO LAND   245 TORT PRODUCT LIABILITY   290 ALL OTHER REAL PROPERTY   290 ALL OTHER REAL PROPERTY   290 ALL OTHER REAL PROPERTY   315 AIRPLANE   315 AIRPLANE   315 AIRPLANE   315 AIRPLANE   316 AIRPLANE   330 ASSAULT, LIBEL & SLANDER   330 ASSAULT, LIBEL & SLANDER   336 MARINE   345 MARINE PRODUCT LIABILITY   360 OTHER PERSONAL INJURY - MEDICAL   MALPRACTICE   365 PERSONAL INJURY - MEDICAL   MALPRACTICE   367 PERSONAL INJURY - HEALTH CARE | 448 EDUCATION    IMMIGRATION - "0" MONTHS DISCOVERY TRACK   462 NATURALIZATION APPLICATION   465 OTHER IMMIGRATION ACTIONS    PRISONER PETITIONS - "0" MONTHS DISCOVERY TRACK   463 HABEAS CORPUS - Alien Detaince   510 MOTIONS TO VACATE SENTENCE   530 HABEAS CORPUS   535 HABEAS CORPUS DEATH PENALTY   540 MANDAMUS & OTHER   550 CIVIL RIGHTS - Filed Pro se   555 PRISON CONDITION(S) - Filed Pro se   556 CIVIL DETAINEE: CONDITIONS OF CONFINEMENT   PRISONER PETITIONS - "4" MONTHS DISCOVERY TRACK   550 CIVIL RIGHTS - Filed by Counsel   555 PRISON CONDITION(S) - Filed by Counsel   555 PRISON CONDITION(S) - Filed by Counsel   625 DRUG RELATED SEIZURE OF PROPERTY   21 USC 881   690 OTHER   625 DRUG RELATED SEIZURE OF PROPERTY   21 USC 881   690 OTHER   710 FAIR LABOR STANDARDS ACT   720 LABOR/MGMT. RELATIONS   740 RAILWAY LABOR ACT   751 FAMILY and MEDICAL LEAVE ACT   790 OTHER LABOR LITIGATION   791 EMPL. RET. INC. SECURITY ACT   PROPERTY RIGHTS - "4" MONTHS DISCOVERY TRACK   820 COPYRIGHTS   840 TRADEMARK   880 DEFEND TRADE SECRETS ACT OF 2016 (DTSA)   PROPERTY RIGHTS - "8" MONTHS DISCOVERY TRACK   830 PATENT   835 PATENT-ABBREVIATED NEW DRUG   APPLICATIONS (ANDA) - a/k/a   Hatch-Waxman cases | 865 RSI (405(g))                                                                                                                                              |
| <ul> <li>□ 1. PROPERTY INCLUDED IN AN EARLIER</li> <li>□ 2. SAME ISSUE OF FACT OR ARISES OUT OF</li> <li>□ 3. VALIDITY OR INFRINGEMENT OF THE SAME EBANKRUPTCY JUDGE.</li> <li>□ 5. REPETITIVE CASES FILED BY PROSE L</li> <li>□ 6. COMPANION OR RELATED CASE TO CA</li> <li>□ 7. EITHER SAME OR ALL OF THE PARTIES</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Civ.P. 23 DEMAND \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E BOX)  AN EARLIER NUMBERED PENDING SUIT.  BED IN AN EARLIER NUMBERED PENDING SUIT.  OWHICH HAVE BEEN DECIDED BY THE SAME  BREVIATED STYLE OF OTHER CASE(S)): |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                               |